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| PATENT APPLICATION FEE DETERMINATION RECOR   |   |   |                            |            |                                     |                  |        | D Application or Docket Number 5820.643 |                        |                 |                            |                        |  |
|--|---|---|----------------------------|------------|-------------------------------------|------------------|--------|---|------------------------|-----------------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                            |            |                                     |                  |        | SMALL ENTITY C                          |                        |                 | OTHER THAN OR SMALL ENTITY |                        |  |
| FOR  |   |   | NUMBER FILED               |            |                                     | NUMBER EXTRA     |        | RATE                                    | FEE                    |                 | RATE                       | FEE                    |  |
|  | SIC FEE<br>CFR 1.16(a))   |   |                            |            |                                     |                  |        |   | s 385                  | OR              |                            | \$_0                   |  |
| TOT.   | AL CLAIMS<br>CFR 1.16(c))                                       | 8   | minus 20 =                 |            | * 0                                 |                  |        | <u>\$</u> 9                             | = 0                    | OR              | x \$_18_=                  | 0                      |  |
| IND  | EPENDENT CLA  | AIMS 1                                    | minus 3 =                  |            | * 0                                 |                  | 1 –    | 43 _=                                   | - 0                    | OR              | x_86 =                     | 0                      |  |
|  |   | DENT CLAIM PRE                            | LAIM PRESENT (37 CFR 1.16) |            |                                     | (d)) O           |        | 140 =                                   | _ 0                    | OR              | + 280 =                    | 0                      |  |
| * If the difference in column 1 is less then zero, enter "0" in column 2   |   |   |                            |            |                                     |                  |        |   | 375                    | OR              | TOTAL                      | 0                      |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |   |                            |            |                                     |                  |        | SMALL                                   | ENTITY                 | OR              | OTHER T                    |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | NU<br>PREV | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total<br>(37 CFR 1.16(c))                                       | *   | Minus                      | ** 2       | 0                                   | = 0              | x \$_9 | <u>9</u> =                              | _ 0                    |                 | x \$ <u>18</u> =           | 0                      |  |
|  | Independent<br>(37 CFR 1.16(b))                                 | *   | Minus                      | *** 3      |                                     | = 0              | x      | 43                                      | _ 0                    |                 | x <u>86</u> =              | 0                      |  |
|  | FIRST PRES  | ILTIPLE DEPENDENT CLAIM (37               |                            |            | 7 CFR 1.16(d))                      | + 140            | 140    | = 0                                     | OR                     | + 280 =         | 0                          |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                            |            |                                     |                  |        | TOTAL                                   | , ,                    | OR<br>A         | TOTAL<br>DDIT. FEE         | 0                      |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | NU<br>PREV | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total<br>(37 CFR 1.16(c))                                       | *   | Minus                      | **         |                                     | =                | \ x :  | \$ <u>9</u> =                           | = 0                    |                 | x \$ <u>18</u> =           | 0                      |  |
|  | Independent<br>(37 CFR 1.16(b))                                 | *   | Minus                      | ***        |                                     | =                |        | 43                                      | _ 0                    |                 | x <u>86</u> =              | 0                      |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPE                             |   |                            | PENDEN     | ENDENT CLAIM (37 CFR 1.16(d))       |                  |        | 140                                     | _ 0                    | OR              | + 280 =                    | 0                      |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                            |            |                                     |                  |        | TOTA<br>DIT. FE                         | L 0                    | OR <sub>A</sub> | TOTAL<br>DDIT. FEE         | 0                      |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | NU<br>PRE  | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE | OR              | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total<br>(37 CFR 1.16(c))                                       | *   | Minus                      | **         |                                     | =                | x      | \$ <u>9</u>                             | = 0                    |                 | x \$ <u>18</u> =           | 0                      |  |
|  | Independent<br>(37 CFR 1.16(b))                                 | *   | Minus                      | ***        |                                     | =                | х      | 43                                      | = 0                    | OR<br>OR        | x <u>86</u> =              | 0                      |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |   |                            |            |                                     |                  |        | 140                                     | = 0                    | OR              | + 280 =                    | 0                      |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL ADDIT. FEE  |   |   |                            |            |                                     |                  |        |   |                        | OR              | TOTAL<br>ADDIT. FEE        | 0                      |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |   |   |                            |            |                                     |                  |        |   |                        |                 |                            |                        |  |